

Buyback or Redeposit Calculation Request

Print your name: _____

Social Security #: _____

Phone #: _____

Anticipated date of retirement or termination of City employment: _____

- ☐ **Redeposit** (funds withdrawn after last period of employment with the City)
- ☐ **Portability Redeposit** (funds withdrawn after last period of employment with the City and currently employed by another government employer in this state in a plan with which we have portability)
- ☐ **Temporary Time** (please indicate time period)
- ☐ **Initial Six Months of Employment** (for those hired 1988 - 1998)
- ☐ **Exempt Time** (please indicate time period)
- ☐ **Military Time** (please indicate time period)
- ☐ **Family Medical Leave** (please indicate time period)
- ☐ **Industrial Injury Time** (please indicate time period)
- ☐ **Other** (please indicate time period and type of time)

Signature _____ Date _____

Seattle City Employees' Retirement System

720 3rd Ave., Suite 1000, Seattle, WA, 98104 Telephone: (206) 386-1293, Fax: (206)386-1506